



3173

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
PATENT

In re application of:

KELLEY et al.

)

Group Art Unit: 4174

)

Serial No. 10/511,790

)

Examiner: Kelly, Yolanda
Lynnette

)

Filed: June 17, 2005

)

For: Alginate or Low Methoxy
Pectate Gel

)

)

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the Patent and Trademark Office fax number 571-273-8300, on or before the date shown below.

Date

*February 29, 2008**Janet McGhee*

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Dear Sir:

Applicant wishes to call to the attention of the Examiner the documents cited on the accompanying Form PTO-1449. No concession is made that this document is prior art, and applicant expressly reserves the right to antedate the documents as may be appropriate. This document was previously cited in an Information Disclosure Statement filed on June 14, 2005, without an English translation. Enclosed is the translation of the document. Applicant requests that this document be made of record in the above-identified application.

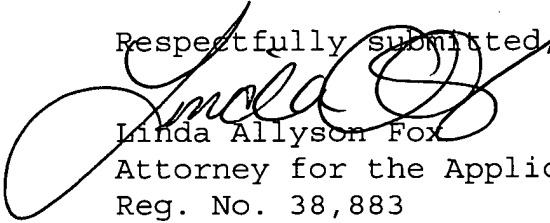
03/04/2008 HDEMESS1 00000101 10511790

01 FC:1806

180.00 OP

This Supplemental Information Disclosure Statement is to be considered by the Patent and Trademark Office under 37 CFR 1.97(c). Enclosed is a check in the amount of \$180.00 to cover the fee set forth in 37 CFR 1.17(p). Duplicate copies of this letter are enclosed.

Respectfully submitted,



Linda Allyson Fox

Attorney for the Applicant

Reg. No. 38,883

Stout, Uxa, Buyan & Mullins, LLP

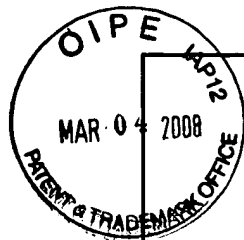
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LAF



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/511,790		
	Filing Date	6/17/2005	
	First Named Inventor	Kelley	
	Group Art Unit	4174	
	Examiner Name	Kelly, YL	
Total Number of Pages in This Submission	47	Attorney Docket Number	D-3173

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of _____ CD(s)	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Stout, Uxa, Buyan & Mullins, LLP		
Signature			
Printed Name	Linda Allyson Fox		
Date	2/29/2008	Reg. No.	38,883

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO at fax number 571-273-8300, or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	JANET MCGHEE	Date	2/29/2008



FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

☐ Application claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 180

Complete if Known

Application Number	10/511,790
Filing Date	6/17/2005
First Named Inventor	Kelley
Examiner Name	Kelly, YL
Art Unit	4174
Attorney Docket No.	D-3173

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number 21-0890 Deposit Account Name Frank J. Uxa

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) associated with this communication ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Provisional	200	100	0	0	0	0	
Subtotal (1)							0

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)					
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25					
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100					
Multiple Dependent Claims	360	180					
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)	
-20 or HP =	x			Fee (\$)	Fee Paid (\$)		
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
-3 or HP =	X						
HP = highest number of independent claims paid for, if greater than 3							
Subtotal (2)							0

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100 =	/50 =	(round up to a whole number)	x	=
Subtotal (3)				0

4. OTHER FEE(S)

<input type="checkbox"/> Surcharge - Late filing fee or oath/declaration: \$130 fee (\$65 small entity discount)		
<input type="checkbox"/> Non-English Specification: \$130 fee (no small entity discount)		
<input type="checkbox"/> 1-month extension of time: \$120 fee (\$60 small entity discount)		
<input checked="" type="checkbox"/> Information Disclosure Statement Fee: \$180 fee (no small entity discount)	180	
<input type="checkbox"/> Notice of Appeal: \$500 fee (\$250 small entity discount)		
<input type="checkbox"/> Filing a Brief in Support of Appeal: \$500 fee (\$250 small entity discount)		
<input type="checkbox"/> Request for Oral Hearing: \$1000 fee (\$500 small entity discount)		
<input type="checkbox"/> Utility Issue Fee: \$1400 fee (\$700 small entity discount)		
<input type="checkbox"/> Recording each patent assignment per property (times number of properties): \$40 fee (no small entity fee discount)		
<input type="checkbox"/> Request for Continued Examination: \$790 fee (\$395 small entity discount)		
<input type="checkbox"/> Other: _____		
Subtotal (4)		180

SUBMITTED BY

Name (Print/Type)	Linda Allyson Fox	Registration No. (Attorney/Agent)	38,883	Telephone	949-450-1750
Signature				Date	2/29/2008